## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE TEE Commissioner for Patents P.O. Box 1450

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INSTRUCTIONS: This form should be used for transming the ISSUE FEE and PUBLICATION FEE (if required, Block of Intrody 5 should be completed where supercortice. All infertee correspondence including the Publication and modification of maintenance fee only will be mailed to the correspondence desired indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE aDDRESS" for maintenance fee non-off-stations. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

WILLIAM H. EILBERG 316 CALIFORNIA AVE. #785 RENO, NV 89509			Certificate of Mailing or Transmission I hereby certify that this Fee(p) Transmittal is being deposited with the Units States Postal Service with sufficient postage for first class mail in an envelop States Postal Service with sufficient postage for first class mail in an envelop State S			
				William H.	Eilberg	(Depositor's name
			L	William #	Elber	(Signature
				October 20,	2008 ♂	(Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/539,161 TITLE OF INVENTION:	06/14/2005 DEVICE COMPRISING	ANTERIOR PLATE	Thomas Gradel FOR VERTEBRAL COLU	MN SUPPORT	190-90	2686
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	10/22/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	)		
WOODALL, NICHOLAS W		3733	606-061000			
. Change of correspondence address or indication of "Fee Address" (37 FFR 1.563)  Change of correspondence address (or Change of Correspondence Address form PTOSB 122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTOSB 47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, attendatively, (2) the name of a single firm (having as a member argistered attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

VITATECH Marianier, France Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🗵 Corporation or other private group entity 🔲 Government

4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) S Issue Fee A check is enclosed.

2 Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date October 20, 2008 Authorized Signature Registration No. 28009 Typed or printed name William H. Eilberg

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